

**ATTITUDE OF POOR PEOPLE TOWARDS GOVERNMENT HOSPITAL IN
TAMIL NADU: AN ANALYSIS**

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ABSTRACT:

The research survey has been taken from the general public of Madras ,which included the people of various religions and gender.This research survey brings various hidden facts of the Government and private hospitals. The difficulties that are faced by the people when they approach these hospitals, the attention given by the doctors to their patients are also brought to light in this research survey. Not only the people of lower class but also all sections of people are approaching Government hospitals with the same rate they are approaching private hospitals also. In spite of the execution of National Rural Health Mission over a time of a long time since 2005, the general wellbeing framework in the nation keeps on confronting considerable difficulties. With regards to plans for taking off "Widespread Health Care" in the nation, this paper breaks down the social, monetary, and political birthplaces of the significant difficulties confronting open doctor's facilities in India. The view taken in that holds the class idea of the decision classes in the nation and the advancement worldview sought after by them as being at the base of the present issues being looked by open healing facilities. The recommended arrangements are tuned in to these substances. Notwithstanding the execution of National Rural Health Mission over a time of a long time since 2005, the general wellbeing framework in the nation keeps on confronting considerable difficulties. With regards to plans for taking off "General Health Care" in the nation, this paper examines the social, monetary, and political starting points of the real difficulties confronting open doctor's facilities in India. The view taken in that holds the class idea of the decision classes in the nation and the advancement worldview sought after by them as being at the foundation of the present issues being looked by open healing facilities. The proposed arrangements are tuned in to these substances.

KEYWORDS:

Government, hospital, medical council act 1956, sanitation, health.

INTRODUCTION:

The hospitals have been set up for the welfare of the public. They have been acquainted with deal with the public health, for rendering health administrations to the general public. It has considered that the clinic is where individuals could recuperate their existence with satisfaction. Therefore, it is esteemed that the specialist calling is one of the Hon'ble professions. These specialists serve the public, they should work just for the public great and not for the individual pick up. In any case, amid late circumstances it has been seen that the nature of administrations gave by the specialists fluctuate at a wide range. It is discovered that they are attempting to the cash paid by the public. The UPA (United Progressive Alliance) Government impelled the forceful "National Rural Health Mission" (NRHM) in 2005 to help the commonplace prosperity establishment. After complete of the chief stage in 2012 the mission is by and by in the second time of its use. In any case, the mission was planned to bring the EAG (Empowered Action Group) states which waited far behind whatever is left of the country in prosperity establishment, at standard with the straggling leftovers of the country. The act of general prosperity has been dynamic in India, and has seen various hindrances in its undertaking to impact the lives of the all inclusive community of this country. Since flexibility, genuine general medical issues like wilderness fever, tuberculosis, affliction, high maternal and tyke mortality and recently, human immunodeficiency contamination (HIV) have been tended to through a consider activity of the government. Social change joined with consistent advances and restorative administrations has provoked a decrease in the passing rates and birth rates. The fundamental point of this examination paper to break down the state of mind of needy individuals towards government hospitals in Tamil Nadu and to study and think about the public supposition on the offices of government hospitals.

METHODS:

This examination paper is done in the technique for observational by utilizing both subjective and quantitative investigation with the archives from the books and diaries and furthermore with the review in regards to 15 issues that influences their entrance to hospitals at the Mogappair district to just about 100 respondents. The study was restricted to the less number of respondents as a result of the time term taken for every respondent answer was late and besides the respondents felt that their answers could make the scientist to believe that they are underprivileged segment of the society. Thus, the quantity of tests/respondents

utilized for the exploration think about was right around 100. The exploration work is assessed to be with less number of respondents utilized which is with uncommon reference to Anna Nagar and Mogappair locale. The quantity of respondents was observed to be around 0.0000038% of aggregate populace of our nation.

GOVERNMENT HOSPITALS:

A couple of makers have depicted the colossal current centers as "historic points to disorder." Indeed, this is the thing that they will be because of the fact that they function as foundations only for helpful personality, isolated from the greater social, financial, social, and political setting of the all inclusive community's lives which, as it were, chooses their prosperity. Tragically, even this restorative personality has ended up being too much costly to various normal subjects in light of the system structure directing prosperity part in the country.

The reality of the situation is that open specialist's offices have ended up being dynamically isolated from the greater setting in which arrangement works. In case general society specialist's offices are to be made open to the prosperity needs of the overall public, by then issues confronting these foundations ought to be arranged in the more broad conditions (we may call these helper issues) that impact their working, rather than finding these in their inward working alone. This moreover surmises the responses for these issues ought to be socially arranged as opposed to being guided by restrict managerial or technocentric approaches.

Open portion social protection may continue having its congruity for a long time with a particular true objective to interface therapeutic administrations to gigantic zones of underserved masses in making countries like India. In the setting that the twelfth Five-Year Plan Document has uncovered an enthusiastic arrangement to achieve "Comprehensive Health Care" in the country, this review defines out the going with objectives already itself:

- (i) elucidate the more basic difficulties confronting open facilities in India and chronicle their immensity;
- (ii) understand the social, budgetary, and political sources/factors inciting the ascent of these difficulties;
- (iii) in concurrence with the beforehand specified examination, propose game plans that are feasible inside the present political and money related structure.

It is undeniably clear from the table that the typical deficiency for different sorts of workplaces is between a couple of times more in EAG states when stood out from the non-

EAG states. Basically, the typical masses served per office continues remaining significantly higher for EAG states when stood out from non-EAG states. With the unmistakable unique instances of Chhattisgarh, Odisha, Uttarakhand, and Jharkhand for the amount of CHCs in position, the inadequacy for different levels of workplaces in the other five states is essentially higher than the all India ordinary.

The relative favoured point of view of states like Chhattisgarh, Odisha, and Uttarakhand may well be illusionary in light of the fact that, as we will find in a matter of seconds, minor availability of structure does not mean it is passing on the required organizations, which, close by establishment, in like manner endless supply of civilities like water, control, beds, helpful and paramedical work, and spatial apportionment of open system.

DIFFICULTIES CONFRONTING PUBLIC HEALTH :

The new arrangement for Public Health in India fuses the epidemiological advance (rising weight of wearisome non-transferable infections), measurement advance (extending elderly people) and natural changes. The fragmented inspiration of maternal and youth mortality, HIV/AIDS pandemic and other transmittable diseases still applies immense strain on the overstretched prosperity structures.

NOISELESS PLAGUES:

In India, the tobacco-inferable passings go from 800,000 to 900,000/year, inciting gigantic social and money related hardships. Mental, neurological and substance use disperses furthermore cause a tremendous weight of infirmity and insufficiency. The rising toll of road passings and wounds (2—5 million hospitalisations, in excess of 100,000 passings in 2005) makes it next in the summary of noiseless plagues. Behind these unmistakable figures lies human enduring.

Prosperity structures are considering the impacts of existing transferable and non-transmittable disorders and moreover with the growing weight of creating and re-rising afflictions (steady safe TB, wilderness fever, SARS, avian flu and the current H1N1 pandemic). Lacking budgetary resources for the prosperity territory and inefficient use result in irregular characteristics in prosperity. As issues, for instance, Trade-Related parts of Intellectual Property Rights continue being wrangled in overall social events, the prosperity systems will stand up to new weights.

The explanations behind prosperity uneven characters lie in the social, fiscal and political frameworks that provoke social stratification according to wage, preparing, occupation,

sexual introduction and race or ethnicity. Lack of adequate progress on these basic social determinants of prosperity has been perceived as a glaring frustration of general prosperity. In the season of globalisation, different political, budgetary and social affairs general impact the food and fuel expenses of all countries; we are yet to recover from the broad aftereffects of the overall subsidence of 2008.

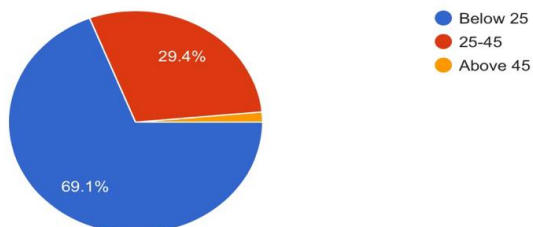
MEDICAL COUNCIL ACT 1956:

Indian Medical Council Act, 1956 is an Indian enactment. The Act suits the constitution of the Medical Council of India (MCI). The MCI controls standards of helpful direction, agree to start schools, courses or augmentation the amount of seats, enrollment of masters, checks of master lead of remedial professionals. An act to accommodate the reconstitution of the medical council of India and the upkeep of a medical enlist for India and for issues associated. Indian Medical Council (Amendment) Bill, 2016 was passed by Rajya Sabha on 1 August 2016 affirming the relevance of NEET therewith. This Act was corrected four times which is on the year 1964, 1991, 2001, 2016. This Act has purchased the numerous adjustments in the hospitals and medical universities. It reaches out to the entire of India. Medical council Act, unless the setting generally requires "endorsed institution" which implies healing centre, "council" (implies the medical council of India constituted under this act, "Indian Medical Register" (implies the medical enlist kept up by the council, "Medical Institution" (implies any establishment), "Prescription", "recommended", "Control", "College". This Act contains 34 segments which incorporates everything. What's more, this Act likewise have the ability to make guidelines and controls.

RESPONDENT'S INPUT ON THEIR PERSONAL DETAILS:

Age

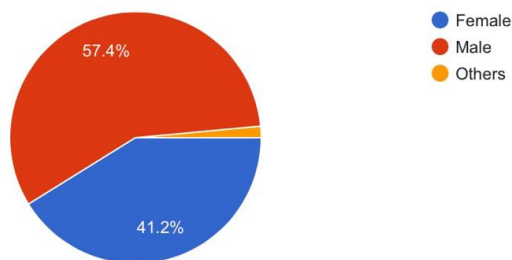
68 responses



Among the respondents, 69.1% were below the age of 25 ,29.4% were between the age of 25 and 45 and 1.5% of them were above the age of 45.They have brought the various views on the Government and private hospitals in the picture.

Gender

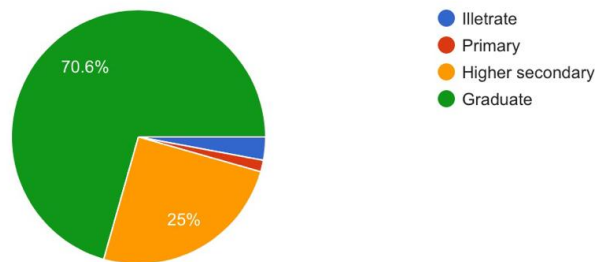
68 responses



The female respondents who answered for the majority survey was 57.4% and minority men were 41.2% and 2.4% were others, they brought into light the practice followed in the hospitals and their preferences in medical care.

Educational qualification

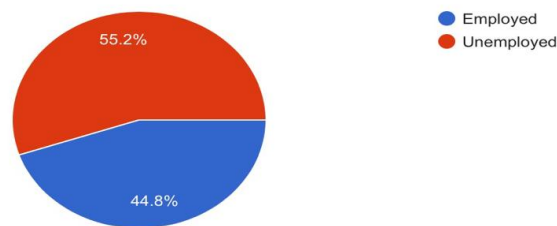
68 responses



This survey is considered to be more focused on the views of graduate people on the Government and private hospitals. Since, they would have a good knowledge about the various hidden sources of the hospitals and they are the regular users of medicines.

Are you

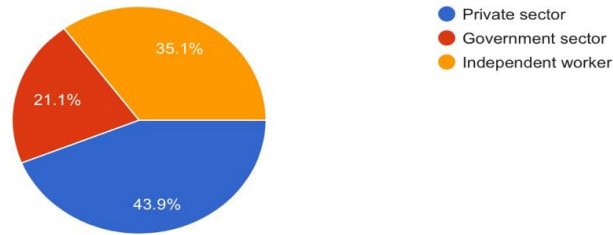
67 responses



Out of 100 respondents, 55.2% respondents were employed and 44.8% respondents were unemployed.

Nature of employment

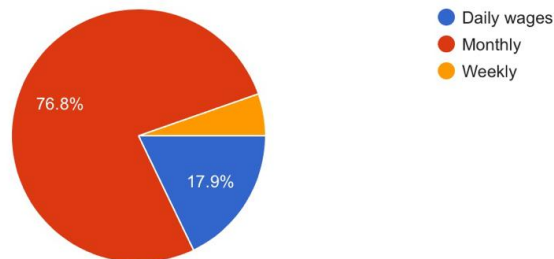
57 responses



The nature of employment determines the preference of the hospitals whether it might be Government or private hospitals. Most of the respondents of this survey are working under the private sectors and their preference would follow accordingly.

Nature of income

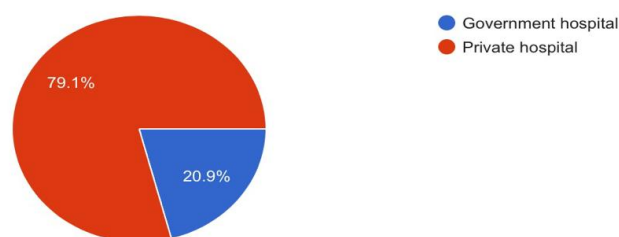
56 responses



The nature of income also determines the preference of Hospitals in the minds of the general public. Here, most of the respondents of this survey were of monthly wages based and thus their responses would be based on their usage of hospitals and economy.

Preference of hospitals for treatment

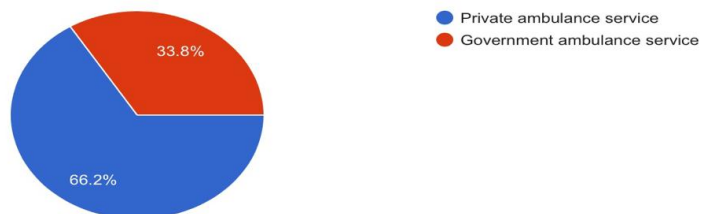
67 responses



The financial status is the key factor for the preference of Government and private hospitals. Wellbeing frameworks are pondering the impacts of existing transmittable and non-transferable sicknesses and furthermore with the expanding weight of rising and re-rising illnesses (tranquillise safe TB, intestinal sickness, SARS, avian influenza and the current H1N1 pandemic). Insufficient monetary assets for the wellbeing segment and wasteful usage result in imbalances in wellbeing. As issues, for example, Trade-Related parts of Intellectual Property Rights keep on being wrangled in worldwide gatherings, the wellbeing frameworks will confront new weights.

Usage of ambulance service

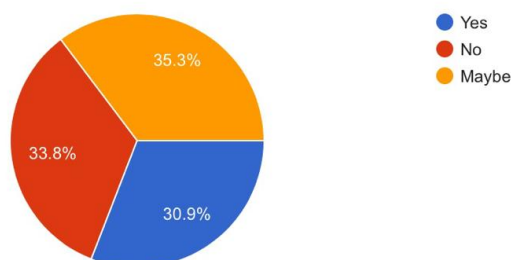
65 responses



Among the respondents, 66.2% of them had preferred using Private ambulance service stating that their service is good enough for the public. But, however some people still prefer the government hospitals due to the irresponsible Private ambulance driver.

Will you prefer government hospital during an emergency

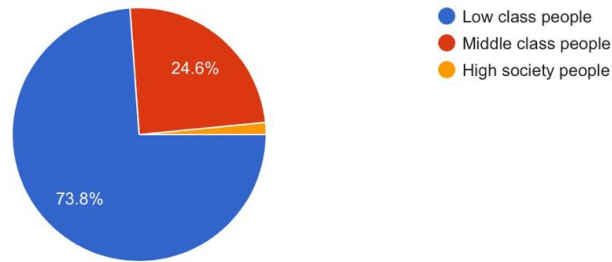
68 responses



Majority of people says maybe to the government hospitals during an emergency because of their urgency and the second most respondents answered no to the government hospital due to their cleanliness and not proper treatment.

Who prefers government hospital

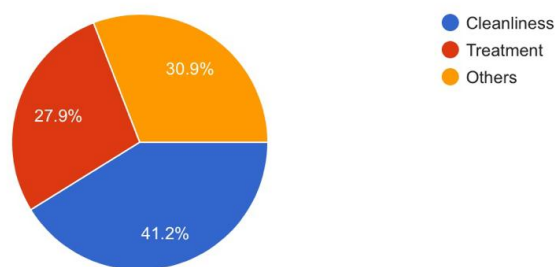
65 responses



This survey is considered to be more focus on the view of low class people on the preference of government hospitals and middle class people who stands next in preferring government hospital.

What makes you stay away from the government hospitals

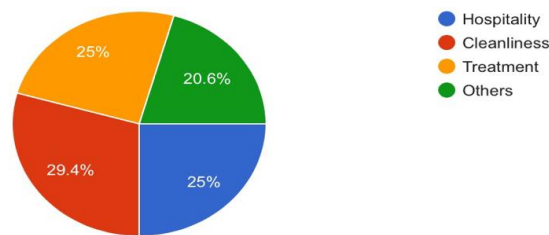
68 responses



Cleanliness is the first reason where people don't choose government hospitals. Cleanliness should be maintained in the hospitals because it spreads disease to the others and 27.9% respondents said that treatment makes the people to stay away from the government hospitals.

What is the drawback in government hospital

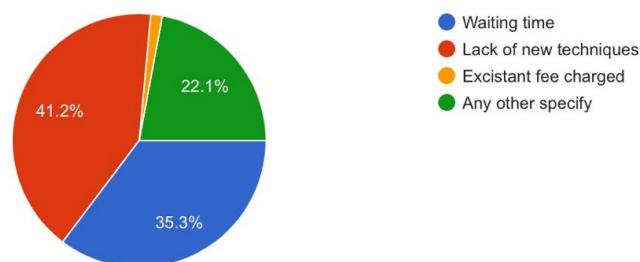
68 responses



Majority of respondents pointed that cleanliness is the biggest drawback in government hospitals and the people who responded to this survey have equally answered that hospitality and treatment is the another drawback in the government hospital.

What are the general problem faced by you in the government hospital

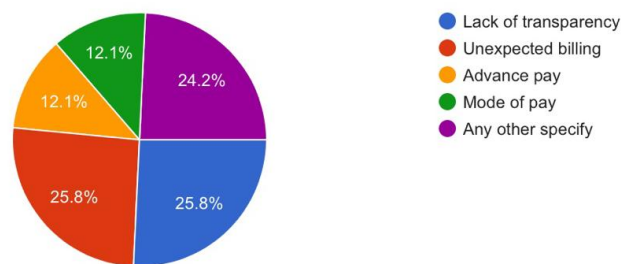
68 responses



Out of 100% respondents, 41.2% respondents were stated that lack of new techniques were the general problem faced by them in the government hospital, 35.3% respondents were stated that waiting time is another general problem in the government hospital and some other specify were stated by the 22.1% respondents.

What are the payment problems faced by you frequently in the hospitals

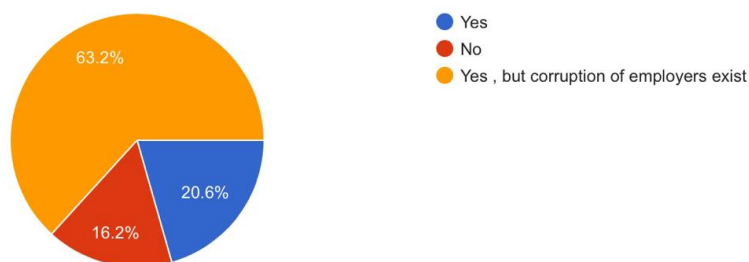
66 responses



The most payment problem faced by people frequently in hospital is unexpected billing and also lack of transparency. And also it seems to that people do not face much problem because of advance pay and mode of pay.

Does government hospitals really provide free treatment

68 responses



Among the respondents, very few only stated that there is free treatment in the Government hospitals, majority of them stated that there is free treatment but corruption plays an important role which is strange and moreover few stated that there is no treatment in the Government hospitals which was very shocking.

FINDINGS:

People's approach to Government Hospitals was found to be very low with only 30%, while their approach to private hospitals was found to be about 70%. The reason for such a huge difference between the access of government and private hospitals by the public was that there is lack of sanitation and responsibilities among the Government doctors, the people feel that they could become even more sick in the Government hospitals and hence at least by borrowing money they are approaching Private hospitals for treatment.

CONCLUSION:

The research survey brings to light various hidden practices that are found in both the Government and private hospitals. The survey marks that there is no proper sanitation in Government hospitals. The Government hospitals are under corruption and they do not provide hygienic medicine. The doctors and other employees of the Government hospitals are found to irresponsible and they are not rendering quality medical facility to the general public. And moreover the attitude of poor peoples opinion on government hospital were different than the other people due to their income, cleanliness, treatment, fee and some other specify. Hence there is no significant change in sanitation due to Medical Council Act 1956.

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